MIKE STRAIN DVM, COMMISSIONER

## LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

Agricultural Commodities Commission, 110 South Western Avenue, Crowley, LA 70526, (337) 788-7528, FAX (337) 788-7573

## **DAILY INVENTORY REPORT (Licensed Warehouse)**

Reporting Period: Mo.

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Name:	SUMMARI		RECEIVED	•	1	2 4	3 2 -	4 3 2 -	3 4 6 7	G C 4 R R R	7 6 5 4 3 2 1	8 7 6 5 4 3 2 4	9 8 7 8 8	1 2 2 3 3 4 4 4 7 7 8 8	1 2 3 3 6 6 6 8 8	1 2 3 3 4 4 4 6 6 6 7 7 7 7 8 8 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	1 2 2 3 3 4 4 4 6 6 6 7 7 7 8 8 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	1 2 2 3 3 4 4 6 6 6 6 7 7 8 8 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	1 2 2 3 3 5 6 6 6 7 7 7 8 8 9 9 9 10 11 11 12	1 2 2 3 3 6 6 6 7 7 8 8 9 9 9 9 112 112 115	1 2 3 3 4 4 6 6 6 8 8 9 9 10 11 11 12 13 14 15	1 2 3 3 4 4 4 6 6 8 8 8 9 10 11 11 12 13 13 14 15 16 17	1 2 3 3 4 4 6 6 6 6 7 7 8 8 9 9 10 11 11 12 13 14 15 16 17	1 2 3 3 4 4 5 6 6 6 7 7 7 8 8 10 11 11 11 11 11 11 11 11 11 11 11 11	1 2 3 3 4 4 6 6 6 7 7 8 8 9 9 9 110 112 113 115 116 117 118 118 119 120 120 130 140 140 140 140 140 140 140 140 140 14	1 2 3 3 4 4 4 6 6 6 7 7 8 9 9 9 9 112 112 113 114 115 116 117 118 118 118	1 2 3 3 4 4 4 6 6 6 6 7 7 8 8 9 9 9 112 113 113 114 115 116 117 117 118 119 120 120 120 120 120 120 120 120 120 120	1 2 3 3 4 4 4 6 6 6 8 8 9 10 11 11 11 11 11 11 11 11 11 11 11 11	1	1 2 3 3 4 4 4 6 6 8 8 8 8 10 11 11 11 11 11 11 11 11 11 11 11 11	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i	SUMMARY STOCK RECORD		LOADED OUT ADJUSTMENTS TOTAL STOCK																															
Audress.		UNRECEIPTED GRAIN																																
			ISSUED																															
		WAREHOUSE RECEIPT LIABILITY	CANCELLED										_																					
		IABILITY	OUTSTANDING						-																									
Grain Reported	STORAGE LIABILITY	OPEN STORAGE LIABILITY (Not on Warshouse Receipt)	INCREASE																															
	AND POSITION F	OPEN STORAGE LIABILITY (Not on Warehouse Receipt)	DECREASE																															
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License No.		WAREHC	(NCREASE I	Н	i							_	_		$\frac{1}{1}$																			
		WAREHOUSE-OWNED (Not on Warehouse R)	DECREASE										_																					

\*\*Person completing entry initial here
Keep the yellow copy of this form in your records. Mall the white copy no later than the 15th of the following month to the above address.

facility for the month and year shown I hereby certify that, to the best of my knowledge and belief, the above and foregoi

(Date)

<sup>\*</sup> Balances Forwarded